

<b>Case Number:</b>	CM15-0146252		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	06/08/2010
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56 year old female who sustained an industrial injury on June 08, 2010. A neurological re-evaluation dated January 14, 2015 reported present subjective complaint of headaches, dizziness, neck and low back pain and depression. There is mention of the worker to be approaching maximal medical improvement from a neurological standpoint. She is utilizing Fioricet, Nortriptyline, and Ambien without issue. She was also provided LidoPro ointment. A primary treating follow up dated March 06, 2015 reported subjective complaint of moderate, constant achy soreness in the right lower extremity without change from previous visit. The following diagnoses were applied: cervical spine strain with disc protrusions at C3-4, C5-6, and C6-7 per radiography dated November 18, 2011: thoracic spine strain; lumbar spine and right sacroiliac joint sprain with right leg radiculitis; left shoulder impingement syndrome with supraspinatus tendinosis; bilateral upper extremity forearm, wrist tenosynovitis, DeQuervain's tenosynovitis, medial and lateral epicondylitis, carpal tunnel syndrome, cubital tunnel syndrome; crush injury to the tip of the left index finger; anxiety and depression; blunt head trauma; headaches; right eye injury; right shoulder impingement syndrome with sprain and strain. She is to return to a modified work duty on January 26, 2015. The plan of care noted pending extension of previously authorized surgery right shoulder arthroscopy; recommending replacement of old transcutaneous nerve stimulator unit; referral to pain management regarding sacroiliac joint injection; continue with home exercises and medications to include: Norco 10mg 325 mg, Voltaren, Prilosec, Fexmid, and Colace; recommending bilateral elbow night splints. In addition, physical therapy, chiropractic care and acupuncture sessions all recommended.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Physical therapy for the right shoulder, 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,99.

**Decision rationale:** The 56 year old patient complains of pain and weakness in the right shoulder along with mid and low back pain, left shoulder pain, neck pain, and right upper extremity pain, as per progress report dated 07/08/15. The request is for PHYSICAL THERAPY FOR THE RIGHT SHOULDER, 6 SESSIONS. The RFA for the case is dated 07/08/15, and the patient's date of injury is 06/08/10. The patient is status post arthroscopic right shoulder rotator cuff repair and arthroscopic subacromial decompression on 03/04/15, as per the operative report. Diagnoses, as per progress report dated 07/08/15, included cervical spine sprain/strain, thoracic spine sprain/strain, lumbar spine and right sacroiliac joint sprain with right leg radiculitis, left shoulder impingement syndrome with supraspinatus tendinitis, bilateral upper extremity / forearm / wrist tenosynovitis, De Quervain's tenosynovitis, medial and lateral epicondylitis, carpal tunnel syndrome / cubital tunnel syndrome, crush injury to left index finger, and anxiety and depression. Medications included Norco, Prilosec and Colace. The patient is temporarily totally disabled, as per the same progress report. MTUS Guidelines, Physical Medicine section at pages 98 to 99, state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." MTUS, post-surgical guidelines pages 26-27, recommend 24 visits over a period of 14 weeks for shoulder arthroscopy process. The post-operative time frame is 6 months. In this case, the patient is status post arthroscopic right shoulder rotator cuff repair and arthroscopic subacromial decompression on 03/04/15, as per the operative report, and is within the post-operative time frame. As per progress report dated 05/29/15, the patient has completed 11 out of 12 sessions of post-operative physical therapy, which led to improved range of motion. The treater is requesting for 12 additional sessions of PT in this report. However, in a prior request for authorization letter dated 04/09/15, the treater requested for 12 initial sessions of PT followed by another 8 sessions. The Utilization Review denial letter states that the patient has completed 21 sessions of PT until now. In the most recent progress report available for review, dated 07/08/15, the treater is requesting for six additional sessions of PT "to increase range of motion and strength and enable the patient to return to work." The treater, however, states that the patient is following a home exercise regimen. It is not clear why the patient cannot continue to benefit from it. Furthermore, MTUS allows 24 sessions of PT in patients undergoing shoulder arthroscopy, and the treater's request for 6 additional sessions exceeds that limit. Hence, it IS NOT medically necessary.